

DEPARTMENT OF MINNESOTA, V.F.W PROGRAMS

MONTHLY REPORT FORM

(Reporting Year: April 1 – March 31) (Use this form to report each Calendar month's activities.)

District # **Post/Auxiliary #** (One JOINT report per month)

REPORT for the calendar month of: **Year:**

PREPARED **Title:**
Phone #: **Email Address:**

The following Community Activity Projects have been completed during this Calendar month:

A. AMERICANISM AND COOPERATION WITH OTHER ORGANIZATIONS:

1 ☐ Organized and Assisted in Fund Drives (March of Dimes, Muscular Dystrophy, etc)

Describe
Hours # Members: \$

2 ☐ Flag Presentation or Education

Describe
Hours # Members: \$

3 ☐ Distribution of Literature

Describe
Hours # Members: \$

4 ☐ P.O.W./M.I.A. Program

Describe
Hours # Members: \$

5 ☐ Loyalty, Memorial Day, Pearl Harbor, Veterans Day

Describe
Hours # Members: \$

6 ☐ Other Americanism Projects

Describe
Hours # Members: \$

| | | | |
|--------------|--------------|------------------|---------------|
| CAT A | Hours | # Members | Amount |
|--------------|--------------|------------------|---------------|

B. SAFETY:

7 ☐ Pedestrian Safety

Describe
Hours # Members: \$

8 ☐ Drug Awareness

Describe
Hours # Members: \$

9 ☐ Recreational Safety

Describe
Hours # Members: \$

YEAR _____



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Amount

| SUBTOTALS (Categories A, B, C, D and E) | |
|---|------------|
| Category A | 10 |
| Category B | 20 |
| Category C | 30 |
| Category D | 40 |
| Category E | 50 |
| TOTAL | 150 |

100

1. *Journal of the American Medical Association*, 2000; 283: 2689-2696.

THESE FIGURES SHOULD BE ADDED TO CATEGORY F AND PUT ON PAGE (3)

F. HOSPITAL/ BLOOD:

23. *(Report Activities for this month only.)*

| DATE | PROJECTS & DESCRIPTIONS | DONATIONS & SERVICES | PINTS OF BLOOD | TOTAL HOURS | TOTAL MILES | # OF MBRS | # OF PATIENTS VISITED |
|--|-------------------------|----------------------|----------------|----------------|-----------------|----------------|-----------------------|
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| COLUMN TOTALS: | | | | | | | |
| DOLLAR VALUES: To be added to 25, 26 and 27 below. | | | X \$75 \$ - | | X \$.14 \$ - | | |
| Add Total above to: | | Line 27 | Line 27 | Line 25 | Line 27 | Line 26 | |

| TOTALS FROM CATEGORIES A, B, C, D, E, AND F | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 |
| 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 |
| 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |

THE FOLLOWING MUST BE FILLED OUR OR NO CREDIT WILL BE GIVEN!!!!

| | | |
|----|--|---|
| 25 | | Number of hours members donated to complete projects on this |
| 26 | | Total numbers of members actively involved in completing projects |
| 27 | | Total amount of monies used/donated to complete projects on this |

Rick Bugbee
Community Service
Rice Street Station- PO Box 17146
St Paul, MN 55117

This form MUST BE Postmarked by the 20th day of the following month and into the Department Office no later than the 25th.